

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Byrdstown Water Treatment Plant
The Honorable Billy Robbins
P.O. Box 325
Byrdstown, TN 38549

WPC/WOH

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Barbara Davis

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Barbara Davis

C. Date of Delivery

12/9/9

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

DEC 10 2009

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

91 7108 2133 3936 6361 2561

PS Form 3811, February 2004

Domestic Return Receipt

TN 0079049

102595-02-M-1540